

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047656

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1826

FILED DEC 30 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
Length of stay in lb 11 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Spfd. Baptist Hosp.		d. STREET ADDRESS (If outside, give location) 424 West Lombard	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) THOMAS JOSEPH FOULKE			4. DATE OF DEATH December 20, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-27-1899	9. AGE (last birthday) 64	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fox Theatre Employee			10b. KIND OF BUSINESS OR INDUSTRY Theatre Employee Yonkers, New York		
11. BIRTHPLACE (City and state or country) U.S.A.			12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Joseph Foulke		13b. MOTHER'S MAIDEN NAME Lydia Quick		14. NAME OF HUSBAND OR WIFE Bernice S. Foulke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.1 & W.W.2		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Bernice Foulke, 424 W. Lombard, Springfield, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarction DUE TO (b) 5 days DUE TO (c) [REDACTED]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour [REDACTED] Month, Day, Year [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Alton, Missouri	

21. I attended the deceased from 12-14-63 to 12-21-63 and last saw her alive on 12-21-63 Death occurred at 6:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Robert E. Stufflebom M.D.		22b. ADDRESS		22c. DATE SIGNED 12-23-63	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-21-1963		23c. NAME OF CEMETERY OR CREMATORY Cave Springs Cemetery		23d. LOCATION (City, town, or county) (State) Alton, Missouri	
24. FUNERAL DIRECTOR Ralph Thieme, 1200 Boonville Ave.		25. DATE RECD. BY LOCAL REG. 12-26-63		26. REGISTRAR'S SIGNATURE Bernice Foulke			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0397

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JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William L. Steamer

Licensed Embalmer No.

15764

P. O. Address

Spfd. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.